



World Health
Organization

TIME TO DELIVER

Report of the WHO Independent High-Level
Commission on Noncommunicable Diseases





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Noncommunicable Diseases

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MESSAGE FROM THE CO-CHAIRS

Geneva, 1 June 2018

The 2030 Agenda for Sustainable Development, with its pledge to leave no one behind, is our boldest agenda for humanity. It will require equally bold actions from Heads of State and Government. They must deliver on their time-bound promise to reduce, by one-third, premature mortality from noncommunicable diseases (NCDs) through prevention and treatment and promote mental health and well-being.

Because many policy commitments are not being implemented, countries are not on track to achieve this target. Country actions against NCDs are uneven at best. National investments remain woefully small and not enough funds are being mobilized internationally. There is still a sense of business-as-usual rather than the urgency that is required. Plenty of policies have been drafted, but structures and resources to implement them are scarce.

The challenge is not only to gain political support, but also to guarantee implementation, whether through legislation, norms and standards setting, or investment. We need to keep arguing for NCDs and mental health to have greater priority, but countries must also take responsibility for delivery on agreed outputs and outcomes, as stated in endorsed documents. There is no excuse for inaction, as we have evidence-based solutions.

The WHO Independent High-level Commission on NCDs was convened by the WHO Director-General to advise him on bold recommendations on how countries can accelerate progress towards SDG target 3.4 on the prevention and treatment NCDs and the promotion of mental health and well-being.

On behalf of all the Commissioners, we would like to express our thanks to the many representatives from Member States, nongovernmental organizations, private sector entities, business associations, United Nations agencies, academia, and other experts who have provided ideas and advice to us over the course of the last few months.

The Commissioners have carefully considered all inputs received, including those from a Technical Consultation held in March 2018 and an open web consultation in May.

The recommendations are given independently by the Commission for the consideration of the WHO Director-General, Heads of State and Government, and other stakeholders. This report is not intended to be an exhaustive list of possible policy options and interventions.

The Commissioners represented rich and diverse views and perspectives. There was broad agreement in most areas, but some views were conflicting and could not be resolved. As such, some recommendations, such as reducing sugar consumption through effective taxation on sugar-sweetened beverages and the accountability of the private sector, could not be reflected in this report, despite broad support from many Commissioners.

Nevertheless, as the first phase of the Commission's work, we are delighted to be able to present to the Director-General a set of recommendations that we believe will help accelerate action against NCDs.

There is no excuse for inaction, as we have evidence-based solutions

Sauli Niinistö
President
Finland

Maithripala Sirisena
President
Sri Lanka

Tabaré Vázquez
President
Uruguay

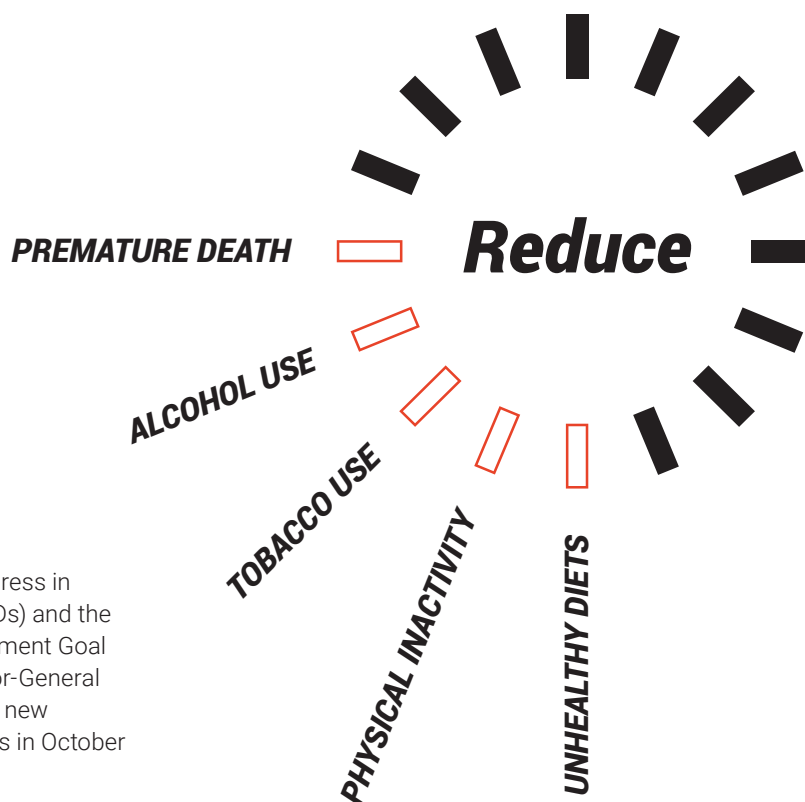
Veronika Skvortsova
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Sania Nishtar
Former Federal Minister,
Government of Pakistan,
Founding President,
Heartfile



THE CHALLENGE IS NOT ONLY TO GAIN POLITICAL SUPPORT, BUT ALSO TO GUARANTEE IMPLEMENTATION, WHETHER THROUGH LEGISLATION, NORMS AND STANDARDS SETTING, OR INVESTMENT.

INTRODUCTION



Recognizing the lack of adequate global progress in combating noncommunicable diseases (NCDs) and the very real possibility that Sustainable Development Goal (SDG) target 3.4 will not be met, WHO Director-General Tedros Adhanom Ghebreyesus established a new Independent High-level Commission on NCDs in October 2017.

Five Co-Chairs were appointed to lead the Commission, and 28 eminent persons to serve as Commissioners, drawn from all WHO regions, and with experience and expertise from across government sectors, organizations of the UN system, NGOs, the private sector, philanthropy, and academia (Annex 1).

Dr Tedros asked the Commission to identify bold recommendations to enable countries to curb the world's leading causes of death, and so extend life expectancy for millions of people. He asked for recommendations on how to intensify political action to prevent premature death from cardiovascular diseases (stroke and heart attacks), cancers, diabetes and respiratory disease, to reduce tobacco use, harmful use of alcohol, unhealthy diets, and physical inactivity, and promote mental health and well-being.

Terms of reference for the Commission were published in October 2017.¹ Note that although the focus is on meeting SDG target 3.4 (reducing premature mortality from NCDs), the Commission also took into account the enormous incidence of and untold suffering caused by NCDs and mental health across the lifespan, especially the impact on children and young people.

The Commission held two meetings by teleconference and one face-to-face. In addition, at the request of the Commission, a technical consultation was convened to develop innovative recommendations for the

Commission's consideration. The consultation was charged with providing an analysis of new, bold ideas and innovative recommendations, aimed at the highest levels of government. None of the resulting recommendations provided were binding on the Commission. They were provided solely for the Commission's consideration in formulating its recommendations. A report of the technical consultation was provided to the Commission and posted on the WHO website.²

The recommendations in this report are intended for Heads of State and Government and policy-makers across government sectors, as well as other stakeholders, and as input towards the third High-level Meeting of the UN General Assembly on NCDs.^{3,4}

¹ <http://www.who.int/ncds/governance/high-level-commission/NCDs-High-level-Commission-TORs.pdf?ua=1>.

² http://www.who.int/ncds/governance/high-level-commission/HLC_Final_report_of_the_Technical_Consultation_21-22_March_2018-CORR1.pdf.

³ In accordance with paragraph 5b of the terms of reference of the Commission available at <http://www.who.int/ncds/governance/high-level-commission/NCDs-High-level-Commission-TORs.pdf?ua=1>.

⁴ <http://www.who.int/ncds/governance/third-un-meeting/en/>.

BURDEN AND IMPACT OF NCDs AND MENTAL DISORDERS

NCDs and mental disorders currently pose one of the biggest threats to health and development globally, particularly in the developing world. Failure to implement proven interventions is rapidly increasing health care costs, and continued lack of investment in action against NCDs will have enormous health, economic, and societal consequences in all countries. WHO's global business case for NCDs showed that low- and lower-middle-income countries put in place the most cost-effective interventions for NCDs, by 2030, they will see a return of **\$ 7 per person for every one dollar invested**.⁵ Additional evidence has shown that treatment for depression is also a good investment, yielding USD \$ 5 for every one dollar invested.

Billions of people around the world are affected by NCDs, and at all stages of the life course, from childhood to old age. The growing trend of population ageing has enormous ramifications for the prevention and management of NCDs. Further, many people will die prematurely as a result of four NCDs—cardiovascular diseases, cancers, chronic respiratory diseases, and diabetes. These four diseases are largely preventable through public policies that tackle four main risk factors: tobacco use, harmful use of alcohol, unhealthy diets, and physical inactivity.

NCDs and risk factors are affected by poverty and social determinants of health. The risk of dying prematurely from a noncommunicable disease in a low or lower-middle-income country is almost double that in high-income countries. In 2011, world leaders noted with grave concern the vicious cycle whereby NCDs and their risk factors worsen poverty, while poverty, isolation, marginalization, and discrimination contribute to rising rates of NCDs, posing a threat to public health and economic and social development.⁶ The recently published Lancet Taskforce on NCDs and Economics shows a strong connection between economic growth and controlling NCDs. Poverty contributes to the negative impact of NCDs.⁷

There are many other conditions of public health importance that are closely associated with the four major NCDs. They include other NCDs, such as renal, endocrine,

neurological, haematological, gastroenterological, hepatic, musculoskeletal, skin and oral diseases and genetic disorders; mental and substance use disorders; disabilities, including blindness and deafness; and violence and injuries. NCDs and their risk factors also have strategic links to health systems and universal health coverage (UHC), environmental, occupational and social determinants of health, communicable diseases, maternal, child and adolescent health, reproductive health, ageing, and palliative care. Multi-morbidity is a key challenge.

Obesity, including in children, is increasing in all countries, with the most rapid rises occurring in low- and middle-income countries. Obesity is associated with premature

Billions of people around the world are affected by NCDs, and at all stages of the life course, from childhood to old age. The growing trend of population ageing has enormous ramifications for the prevention and management of NCDs.

⁵ "Saving lives, spending less: A strategic response to noncommunicable diseases". <http://apps.who.int/iris/bitstream/handle/10665/272534/WHO-NMH-NVI-18.8-eng.pdf?ua=1>.

⁶ Paragraph 22 of A/RES/66/2 available at http://www.who.int/nmh/events/un_ncd_summit2011/political_declaration_en.pdf?ua=1

⁷ The papers are available at: <http://www.thelancet.com/series/Taskforce-NCDs-and-economics>



onset of diabetes or heart disease, increased risk of NCDs, and has the potential to negate many of the health benefits that have contributed to increased life expectancy. Governments need to accept primary responsibility for taking action, along with other actors, to create an enabling environment and to promote equitable coverage of interventions to reduce unhealthy diets (high in sugars, fats, and sodium) and physical inactivity to all age groups, including integration within UHC. Childhood obesity, which is a particularly serious and growing problem, must be reduced, and social and economic determinants of obesity need to be tackled.

There is increasing evidence about the role of indoor and outdoor air pollution, with its links to urbanization, in the development of NCDs. Poor air quality is widespread, and in many cities, vehicles are responsible for a high proportion of pollution. Poorly designed streets and heavy traffic also discourage walking and cycling, contributing to decreased physical activity and increased levels of obesity.

There is also a greater realization of the critical need to prevent and treat mental disorders as an integral part of action against NCDs. Mental disorders impose an enormous disease burden on societies: depression alone affects 300 million people globally and is the leading cause of disability worldwide. Nearly 800,000 people die from suicide every year. Suicide and injuries, a large proportion of which are related to substance use disorders, are a

leading cause of death in young people. **Dementia is among the top 10 global causes of death.** People with severe mental disorders have a reduced life expectancy of 10 to 20 years, largely owing to untreated NCDs.

Although the number of premature deaths has risen in the years 2000 to 2015, the probability of dying from any one of the four major NCDs is declining. This is mainly a result of two factors: a growing population aged 30 to 70 years, and falling mortality in only two categories, cardiovascular and chronic respiratory diseases. However, the global rate of decline, 17% between 2000 and 2015, is still not enough to meet the target of a one-third reduction in premature mortality from NCDs by 2030, as specified in SDG target 3.4.

POLICIES AND PROGRAMMES THAT HAVE BEST DRIVEN PROGRESS

Member States have adopted and taken action on a number of decisions that set out proven interventions, including the Global Action Plan for Prevention and Control of NCDs (2013-2020). The Global Action Plan also builds on other instruments and tools, including the WHO Framework Convention on Tobacco Control, the Global Strategy on Diet Physical Activity and Health, the Global Strategy to Reduce Harmful Use of Alcohol, as well as an Implementation Plan to guide further action on the recommendations of the Commission on Ending Childhood Obesity,⁸ and various WHO guidelines, including those on saturated and trans fats (currently in public consultation), sugars, sodium, and potassium intake. WHO's Comprehensive Mental Health Action Plan 2013-2020 lists actions and targets for Member States, WHO, and international and national partners to take to strengthen and integrate mental health prevention and prevention services, including proven interventions.⁹ The Commission's recommendations build upon these agreed instruments.

WHO reported on progress in implementation of these instruments to the United Nations General Assembly in 2010, 2011, and 2013, and 2017, with individual country data published separately in the WHO NCD Progress Monitor.¹⁰ The WHO Mental Health Atlas also provides a comprehensive, longitudinal, monitoring of the mental health system performance.¹¹ Country scorecards are available in WHO's Think Piece "Why is 2018 a strategically important year for NCDs".¹²

⁸ See report of the WHO Director-General A70/31 available at http://apps.who.int/gb/ebwha/pdf_files/WHA70/A70_31-en.pdf.

⁹ http://www.who.int/mental_health/action_plan_2013/en/.

¹⁰ Available at <http://www.who.int/ncds/governance/en/>.

¹¹ WHO (2018). Mental Health Atlas 2017. World Health Organization, Geneva.

¹² (<http://www.who.int/ncds/governance/high-level-commission/why-2018-important-year-for-NCDs.pdf?ua=1>).



GLOBAL COMMITMENTS TO PREVENT AND TREAT NCDs

In recent years, awareness of the NCDs problem has been growing, with the UN and WHO calling for action on the issue in several international fora. Recognizing that NCDs constitute one of the major challenges for development in the 21st century, one that requires a multisectoral approach, as stressed in the Moscow Declaration adopted during the First Global Ministerial Conference on Healthy Lifestyles and Noncommunicable Disease Control (Moscow, 28-29 April 2011), the UN General Assembly has convened two high-level meetings on NCDs. The 2011 meeting resulted in a UN Political Declaration, in which multiple commitments were made for the prevention and management of NCDs by countries, and multilateral and donor agencies. Subsequently, WHO Member States agreed to a 25% reduction in premature NCD mortality by 2025 (25x25) and then adopted a set of risk factor and health system targets which, if met, would ensure achievement of the 25x25 mortality target.

In 2014, Member States adopted an Outcome Document at the UN General Assembly, which included four time-bound commitments, using 10 progress indicators, for implementation in 2015 and 2016. These commitments are: setting national NCD targets; developing a national plan; reducing risk factors for NCDs; and strengthening health systems to respond to NCDs.

Unfortunately, progress towards fulfilling these commitments has been disappointing. As of 2017, 83 countries had made poor or no progress on the four time-bound commitments (based on countries reporting fewer than five fully achieved indicators out of the total possible 19 indicators). No country has fully achieved all 19 indicators.

In 2015, countries agreed to the SDG, including a specific health goal, SDG target 3—“ensure healthy lives and promote well-being for all at all ages”—and a specific NCD target within the health goal, which is a one-third reduction of premature NCD mortality by 2030 through prevention and treatment of NCDs and the promotion of mental health and well-being (SDG target 3.4). SDG target 3.5 calls upon states to “strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol”. SDG target 3.a calls upon States

25% reduction in premature NCD mortality by 2025

to “strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate” and SDB target 3.b calls for support for research and development of, and provide access to, vaccines and medicines, for the communicable and noncommunicable diseases that primarily affect developing countries. Countries made an additional commitment to act on nutrition and unhealthy diet through the Decade of Action on Nutrition,¹³ including actions to reduce the consumption of sugars, sodium, and fats.

In 2017, the Montevideo Roadmap 2018–2030 on NCDs as a Sustainable Development Priority¹⁴ was adopted by Member States at the WHO Global Conference on NCDs (Montevideo, 18–20 October 2017).

Other SDGs are relevant to the NCD and mental health agenda, including SDG target 1 (ending poverty), SDG target 2 (ending all forms of malnutrition), SDG target 4 (ensuring education), SDG target 5 (achieving gender equality), SDG target 8 (decent work), SDG target 11 (making cities safe and sustainable), SDG target 10 (reducing inequality), SDG target 12 (ensuring sustainable consumption and production patterns), SDG target 13 (climate change), SDG target 16 (promoting peace and justice), and SDG target 17 (strengthening partnerships).

In summary, although there has been some action against NCDs at both country and international levels, unless there is a serious change in approach, SDG 3.4 will not be attained.

¹³ <https://www.un.org/nutrition/home>.

¹⁴ <http://www.who.int/conferences/global-ncd-conference/Roadmap.pdf>.

***PROGRESS
TOWARDS
FULFILLING
THESE
COMMITMENTS
HAS BEEN
DISAPPOINTING***

CHALLENGES TO IMPLEMENTATION

Commitments that have been made have not been translated into legislative and regulatory measures sustained investments, or in financing for NCD programmes consistently across Member States.

Health-in-all-policies, whole-of-government, whole-of-society, and cross-sectoral approaches need to be applied in action against NCDs.

Many countries also do not have the requisite technical expertise, resources, research capacity, and data to address NCD challenges. These countries need technical support, training, implementation research, and capacity-building initiatives.

Achieving universal health coverage (UHC) is essential for the NCD agenda. Weak health systems, inadequate access, and lack of prevention and health promotion services and evidence-based interventions and medicines are other challenges to each country's path towards UHC in line with its national context and priorities. Mental disorders are too often not included in basic UHC packages, which leads to an exceptionally large gap in treatment.

Although many proven interventions for NCDs exist, many countries are lagging behind in implementing them. There are a number of reasons for this, but the main obstacles include:

- 1. lack of political will, commitment, capacity, and action**
 - 2. lack of policies and plans for NCDs**
 - 3. difficulty in priority-setting**
 - 4. impact of economic, commercial, and market factors**
 - 5. insufficient technical and operational capacity**
 - 6. insufficient (domestic and international) financing to scale up national NCD responses; and**
 - 7. lack of accountability**
-

RATIONALE FOR THE RECOMMENDATIONS

Although this report is intended to advise the WHO Director-General, the recommendations themselves are targeted at Heads of State and Government, Member States, and other stakeholders. The Commission agreed upon certain criteria for inclusion in the recommendations: specifically, recommendations should have the potential to be actionable, innovative, transformative in achieving substantial health impact, and feasible to implement across all contexts.

The Commission recommends that all activities be framed within existing principles, including human rights- and equity-based approaches (including non-discrimination, gender equality, participation), multi-sectoral and multi-stakeholder action, health-in-all-policies, whole-of-government and whole-of-society approaches, with appropriate management of conflicts of interest, national action supported by international cooperation and solidarity, life-course approach, empowerment of people and communities, evidence-based strategies, and UHC.

The Commission recognizes that a great deal of work has already been carried out in the NCD arena; its recommendations are meant to build on existing work and to suggest areas in need of enhanced action. There is international consensus that deaths from NCDs can be largely prevented or delayed by implementing a variety of cost-effective, affordable, and evidence-based interventions. Member States endorsed a menu of policy options and cost-effective interventions entitled “Best buys and other recommended interventions for the prevention and control of NCDs”,¹⁵ at the World Health Assembly in resolution WHA70.11 in May 2017.¹⁶ Prevention and investment in better management of the four main NCDs are essential components of any national response to NCDs. The report of the WHO Director-General submitted to the 71st World Health Assembly contains a detailed analysis of obstacles at national and subnational levels to implement the best buys and other recommended interventions.¹⁷

The Commission further notes that the role of the health system and a multi-disciplinary health workforce in preventing and treating NCDs is covered by other WHO policies and plans. However, the 40 million health workers globally, including community health workers and nurses, have an important role in advocating for the Commission’s

recommendations based on their extensive knowledge and experience, and because of the trust placed in them by Governments and the public. This advocacy, together with their ability to promote health, prevent diseases, and manage patients with NCDs, make them invaluable allies for action against NCDs.

Countries vary widely in their ability to take action against NCDs. Progress has been limited, even though many recommendations exist. The Commission recognizes and fully accepts previous recommendations and commitments that have been widely endorsed by countries, at both the World Health Assembly and the United Nations General Assembly, including the WHO Framework Convention on Tobacco Control, and will not repeat these in this report. The Commission also recognizes the focus on healthier populations in WHO’s Thirteenth General Programme of Work and its integrated approach to health and well-being. The report will focus on facilitating the implementation of previous recommendations as well as complementing them. Selected recommendations will be re-emphasized to underscore their critical role in protecting populations from harm, ranging from children to older people. Children and older people have often been excluded from the NCD discourse, which must be expanded to include people at all ages throughout the life course, and which must be understood in its specific gender dimensions.

¹⁵ Tackling NCDs: ‘best buys’ and other recommended interventions for the prevention and control of noncommunicable diseases. Geneva: World Health Organization; 2017 (<http://www.who.int/ncds/management/best-buys/en/>).

¹⁶ Italy and the United States of America dissociated themselves from operative paragraph 1 of resolution WHA70.11 and did not endorse the updated set of best buys and other recommended interventions for the prevention and control of noncommunicable diseases. They stated, *inter alia*, that they believe that the evidence underlying certain interventions was not yet sufficient to justify their inclusion. They considered that the proposed interventions should also reflect the view that all foods could be part of an overall healthy diet.

¹⁷ http://apps.who.int/gb/ebwha/pdf_files/WHA71/A71_14-en.pdf. See Table 5.

COUNTRIES VARY WIDELY IN THEIR ABILITY TO TAKE ACTION AGAINST NCDs. PROGRESS HAS BEEN LIMITED, EVEN THOUGH MANY RECOMMENDATIONS EXIST





RECOMMENDATIONS

01

START FROM THE TOP

Political leadership and responsibility, from capitals to villages.

A Heads of State and Government, not Ministers of Health only, should oversee the process of creating ownership at national level of NCDs and mental health.

B Political leaders at all levels, including the subnational level, for example, city mayors, should take responsibility for comprehensive local actions, together with the health sector, that can advance action against NCDs and mental disorders.

The Commission believes that Heads of State and Government must take responsibility for the NCD agenda. This responsibility cannot be delegated solely to ministries of health, as many other sectors, including finance, trade, agriculture, education, environment, and others, have an impact on risk factors for NCDs, as well as on how governments can tackle these, and therefore must be involved and coordinated for effective action. Heads of State and Government should therefore develop multi-sectoral NCD responses and use “health-in-all-policies” and whole-of-government approaches.

Therefore, Heads of State and Government should lead multi-sectoral national action on NCDs, and ensure a legislative and regulatory and economic environment that will enable the integration of NCDs and mental health into UHC, health systems, national SDG implementation, national development plans, and social protection policies.

To date, very few countries have achieved this kind of integration.

Together with national governments, other levels of government, such as cities, should also be engaged in NCD action, through new and existing mechanisms. Political leaders in rural, semi-urban, and urban areas can take steps to improve traffic, reduce air pollution, create green spaces, decrease exposure to tobacco smoke, discourage tobacco use and the harmful use of alcohol, improve infrastructure to make roads safer, including the construction of pedestrian and cycle paths, and to encourage physical activity, improve access to healthy foods and reducing the availability of unhealthy foods (those high in sugars, saturated fats, trans fats, and sodium), promote mental health, and implement policies for sustainable consumption and production.¹⁸

¹⁸ See the Shanghai declaration on promoting health in the 2030 Agenda for Sustainable Development. <http://www.who.int/healthpromotion/conferences/9gchp/shanghai-declaration.pdf?ua=1>.

02

PRIORITIZE AND SCALE UP

Governments should identify and implement a specific set of priorities within the overall NCD and mental health agenda, based on public health needs.

A Governments should identify and implement a specific set of priorities within the overall NCD and mental health agenda, based on public health needs.

Prioritization is key to achieving the scale-up that countries need to reach the SDG target 3.4. Countries should initially identify and scale up selected priorities among the recommended cost-effective, affordable, and evidence-based interventions for NCDs and mental disorders, instead of trying to implement all the recommendations at once. These priorities should be based on sound country-specific data on morbidity and mortality and their main drivers, combined with sound, robust data on behaviour and consumption, and on areas where maximum impact can be achieved (Annex 2). The Commission recommends that each country focus on selected, prioritized

interventions that can substantially contribute to the achievement of the SDG target 3.4 on NCDs. Focusing on these prioritized interventions will achieve results that will be useful for building a more comprehensive approach to combating NCDs. Documenting success will stimulate further action. To date, the most significant reductions in cardiovascular mortality have been achieved through comprehensive tobacco control and comprehensive cardiovascular prevention and treatment programmes.¹⁹ Technical packages and tools are available from WHO to scale up these and other programmes.²⁰

¹⁹ http://apps.who.int/gb/ebwha/pdf_files/WHA71/A71_14-en.pdf.

²⁰ See details of the HEARTS, MPOWER, REPLACE, AND SHAKE packages here: http://www.who.int/cardiovascular_diseases/hearts/en/; <http://www.who.int/tobacco/mpower/en/>; <http://www.who.int/docs/default-source/documents/replace-transfats/replace-action-package.pdf>; <http://www.who.int/dietphysicalactivity/publications/shake-salt-habit/en/>.

03

EMBED AND EXPAND: NCDs WITHIN HEALTH SYSTEMS AND UNIVERSAL HEALTH COVERAGE

Governments should reorient health systems to include health promotion and the prevention and control of NCDs and mental health services in their UHC policies and plans, according to national contexts and needs.

- A** Governments should ensure that the national UHC public benefit package includes NCD and mental health services, including health promotion and prevention and priority health care interventions as well as access to essential medicines and technologies.
 - B** Primary health services should be strengthened to ensure equitable coverage, including essential public health functions, with an adequate and well-equipped multi-disciplinary health workforce, especially including community health workers and nurses.
 - C** Synergies should be identified in existing chronic-care platforms, such as HIV and TB, to jumpstart NCD and mental health services.
-

The NCD agenda must also be firmly placed on the path to UHC, according to each country's particular context and needs. Coverage for health promotion and NCD prevention and management, including mental disorders, should be part of UHC entitlements and included in a UHC public benefits package.

Health systems should continue to be reoriented to respond to the need for effective prevention and management of chronic diseases.²¹ This includes strengthening health promotion, essential public health functions, primary health services, and improving access to essential medicines and technologies. Primary health services should be strengthened, by increasing the health workforce, supporting innovative models of prevention and care, and enabling all health workers to embrace the full

scope of practice in the prevention and management of NCDs and to use resources in more cost-effective ways. Within a multi-disciplinary health workforce, nurses have especially crucial roles to play in health promotion and health literacy, and in the prevention and management of NCDs. With the right knowledge, skills, opportunities, and financial support, nurses are uniquely placed to act as effective practitioners, health coaches, spokespersons, and knowledge suppliers for patients and families throughout the life course.

Reorientation of health systems can be achieved readily in settings where HIV and TB chronic-care platforms have been established, as these provide an opportunity, building on the commitments made in 2011, to jumpstart nascent NCD programmes.²²

²¹ Paragraph 2 of A61/8 available at http://apps.who.int/gb/archive/pdf_files/A61/A61_8-en.pdf.

²² See http://www.unaids.org/en/resources/documents/2011/20110526_JC2145_Chronic_care_of_HIV

04

COLLABORATE AND REGULATE

Governments should increase effective regulation, appropriate engagement with the private sector, academia, civil society, and communities, building on a whole-of-society approach to NCDs, and share experiences and challenges, including policy models that work.

GOVERNMENTS

A Governments must take the lead in creating health-protecting environments through robust laws, where and when necessary, and through dialogue, where appropriate, based on the “health is the priority” principle, including clear objectives, transparency, and agreed targets. Dialogue must not, however, replace regulation in cases where regulation is the most or the only effective measure. Any dialogue platform should include transparency and a mechanism for accountability and evaluation, as well as a timeframe.

PRIVATE SECTOR

B Governments should be encouraged to engage constructively with the private sector—with the exception of the tobacco industry²³ and with due attention to the management of commercial and other vested interests, while protecting against any undue influence, to seek ways to strengthen commitments and contributions to achieving public health goals, in accordance with the mandate of the SDGs.

C Taking into account and managing possible commercial and other vested interests, in order to contribute to accelerated progress towards SDG target 3.4, governments should work with: food and non-alcoholic beverage companies in areas such as reformulation, labelling, and regulating marketing; the leisure and sports industries to promote physical activity; the transportation industry to ensure safe, clean, and sustainable mobility; the pharmaceutical industry and vaccine manufacturers to ensure access to affordable, quality-assured essential medicines and vaccines; and with technology companies to harness emerging technologies for NCD action. Governments could also encourage economic operators in the area of alcohol production and trade to consider ways in which they could contribute to reducing the harmful use of alcohol in their core areas, as appropriate, depending on national, religious, and cultural contexts.

D Governments should give priority to restricting the marketing of unhealthy products (those containing excessive amounts of sugars, sodium, saturated fats and trans fats) to children. WHO should explore the possibility of establishing an international code of conduct on this issue, along with an accountability mechanism, while acknowledging the need for partnerships based on alignment of interests.

E Both fiscal incentives and disincentives should be considered to encourage healthy lifestyles by promoting the consumption of healthy products and by decreasing the marketing, availability, and consumption of unhealthy products.

CIVIL SOCIETY AND THE PUBLIC

F Governments should ensure the meaningful engagement and participation of civil society and people living with NCDs and mental disorders, including, where appropriate, by strengthening civil society and alliances, particularly in low- and middle-income countries. Governments should work with civil society to raise awareness, increase advocacy, deliver services, and monitor progress. Beyond civil society, multisectoral mechanisms, such as national NCDs commissions and equivalents of the Global Coordination Mechanism, can be employed to ensure wide consultation.

G People with mental health conditions and civil society must be engaged to effectively end discrimination and human rights violations. They should also be involved in the planning of mental health services.

H Governments should increase the empowerment of individuals to take action by actively promoting health literacy, including in formal education curricula, and targeted information and communication campaigns. This could include convening marketing experts and behavioural economists to develop public health campaigns designed to educate different populations on how best to prevent and mitigate the risk factors and harms of NCDs.

²³ In accordance with article 5.3 of the WHO FCTC and its guidelines, which requires governments to protect their policies from the commercial and other vested interests of the tobacco industry, and paragraph 38 in http://www.who.int/nmh/events/un_ncd_summit2011/political_declaration_en.pdf.

SUPPORTING ROLE OF WHO

WHO should support governments' efforts to engage with the private sector for the prevention and control of NCDs, including any necessary regulatory action, taking into consideration the rationale, principles, benefits, and risks, as well as the management of conflicts of interest in such engagement.

Governments should employ a range of approaches to make progress against NCDs, including regulation, fiscal measures, subsidies for healthy options, and increasing opportunities for positive contributions from the private sector and “nudges” that reinforce positive behaviour changes for health and health promotion in communities.

The 2011 Political Declaration on NCDs called for engagement with the private sector. Because progress in this area has been limited, the Commission considers that a fresh relationship should be explored with the food, non-alcoholic beverage, catering, technology, transportation, and media industries. (No relationship may be established with the tobacco industry, as noted elsewhere in this report.) It is critical to note that responsibility also lies with the private sector to take initiative on and be accountable for these issues. Dialogue should be encouraged to identify contributions the private sector can make to public health goals. Public-private partnerships can be an important tool to contribute to effective NCD responses. It is important that conflicts of interests are adequately addressed, with transparency and focus required to ensure that public policies and public-private partnerships are in the public interest, provide public value, and do not undermine the sustainability of financing health systems.

Big data, digital technologies, and the near-ubiquitous use of mobile phones have ushered in a societal transformation that could be tapped for better health outcomes. Emerging 5G and 6G technologies, artificial intelligence, robotics, block chain, and drone delivery of medicines and diagnostics are creating further

opportunities for chronic care. The challenge is to convert technical innovations into meaningful health impacts, contribute to the public interest, support sustainability of financing of health systems, address legitimate ethical concerns, and enhance equity and the social determinants of health.

Governments should employ their full legal and fiscal powers to achieve public health goals and to protect their populations. This includes policy and legislative and regulatory measures that minimize the consumption of health-harming products and promote healthy lifestyles.

The involvement of people living with NCDs and mental disorders can contribute to better services, but it is important to distinguish between public interests, consumer interests, and those of specific patient groups. Where appropriate, and taking into account conflicts of interest, involvement should be embraced across the governance of organizations, policy development, programmatic design and delivery, and monitoring and evaluation. People living with NCDs and mental disorders and those at risk for them must be engaged and informed, through improved health literacy and mass-media campaigns that are responsive to local needs and contexts. Integrating education and skills to maintain and improve health into educational systems and school curricula is a universal and low-cost option to improve health literacy. People living with NCDs and mental disorders and those at risk for them must participate and be informed so that they can contribute to the achievement of national priorities and goals, particularly those related to prevention.



05

FINANCE

Governments and the international community should develop a new economic paradigm for funding action on NCDs and mental health.

NATIONAL GOVERNMENTS SHOULD

- A**
- Develop and implement a new economic paradigm for actions against NCDs, based on evidence that effective measures are investments in human capital and economic growth.
 - Increase the percentage of national budgets allocated to health, health promotion, and essential public health functions, and within health, to NCDs and mental health.
 - Implement fiscal measures, including raising taxes on tobacco and alcohol, and consider evidence-based fiscal measures for other unhealthy products.
 - With the support of tools developed by WHO, conduct health-impact assessments and, where possible, full-cost accounting, which factors in the true cost to societies of policies that have a bearing on NCDs.

THE INTERNATIONAL COMMUNITY SHOULD

- B**
- Increase financing and lending for the prevention and management of NCDs through bilateral and multilateral channels;
 - Explore a number of mechanisms to increase financing for NCD action, which could include: the establishment of a Global Solidarity Tobacco and Alcohol Contribution as a voluntary innovative financing mechanism to be used by Member States for the prevention and treatment of NCDs; and consider the establishment of a multi-donor fund, to catalyse financing for the development of national NCDs and mental health responses and policy coherence at country level.
 - Integrate NCDs into human-capital and human development indices.
 - Convene a health forum for investors to support action against NCDs.
- C** WHO should prioritize NCDs and mental health. This requires that Member States consider increasing or reallocating their contributions to the Organization so that WHO can meet the demand for country support. Support for addressing NCDs is the leading request from countries, but the Organization's budget has been reduced in the current biennium owing to lack of financing from donors.

Domestic sources should be the mainstay of NCD financing in most countries. In low- and middle-income countries, catalytic funding will be needed from bilateral and multi-lateral donors. Countries should ensure that funding, programmes, and projects related to NCDs are considered at all levels of government, including national and subnational.

Governments should prioritize long-term sustainability over short-term gratification, by calculating not only the price of actions and policies today, but also the true cost of NCDs (full cost) that will be borne by societies in the future. Calculations should be made based on public health needs and should also include policies to reduce risk factors and prevent NCDs.

Implementing national NCDs plans in a sustainable way is a challenge and takes considerable time. Therefore, the international system should establish and administer a financial vehicle that could pool and manage funds committed by development partners for a limited period of time.

The Commission recommends exploration of the establishment of a multi-donor trust fund, as a feasible option to catalyse financing (including through the World

Bank and other development banks) and policy coherence at country level.

Human capital is now recognized as the largest component of the overall wealth of countries, while human development is a simple composite measure of people-centred policies. The Commission believes that integrating NCDs into the Global Human Capital Index, as well as the Human Development Index, will increase targeted actions and investments in the formulation and implementation of financial, economic, and social policies that will benefit the prevention and control of NCDs.

A health forum for investors should be created to bring together individuals, institutions, investment companies, money managers, and financial institutions to encourage shifts towards investments in healthier portfolios. Such portfolios should include attention to agriculture and food production, the introduction of health and nutrition impact measures of investments, and the role of public investments to shape private investments.

Another forum could be created with academia, foundations, entrepreneurs, inventors, and investors to spur innovation on some specific solutions to reduce the burden of NCDs.

06

ACT FOR ACCOUNTABILITY

Governments should strengthen accountability to their citizens for action on NCDs.

A Governments should create or strengthen national accountability mechanisms, taking into account the global NCD accountability mechanism and health impact assessments.

B WHO should simplify the existing NCD accountability mechanism and establish clear tracking and accountability for the highest impact programmes that can lead to achievement of SDG target 3.4, including a harmonised Countdown 2030 for NCDs and mental health.

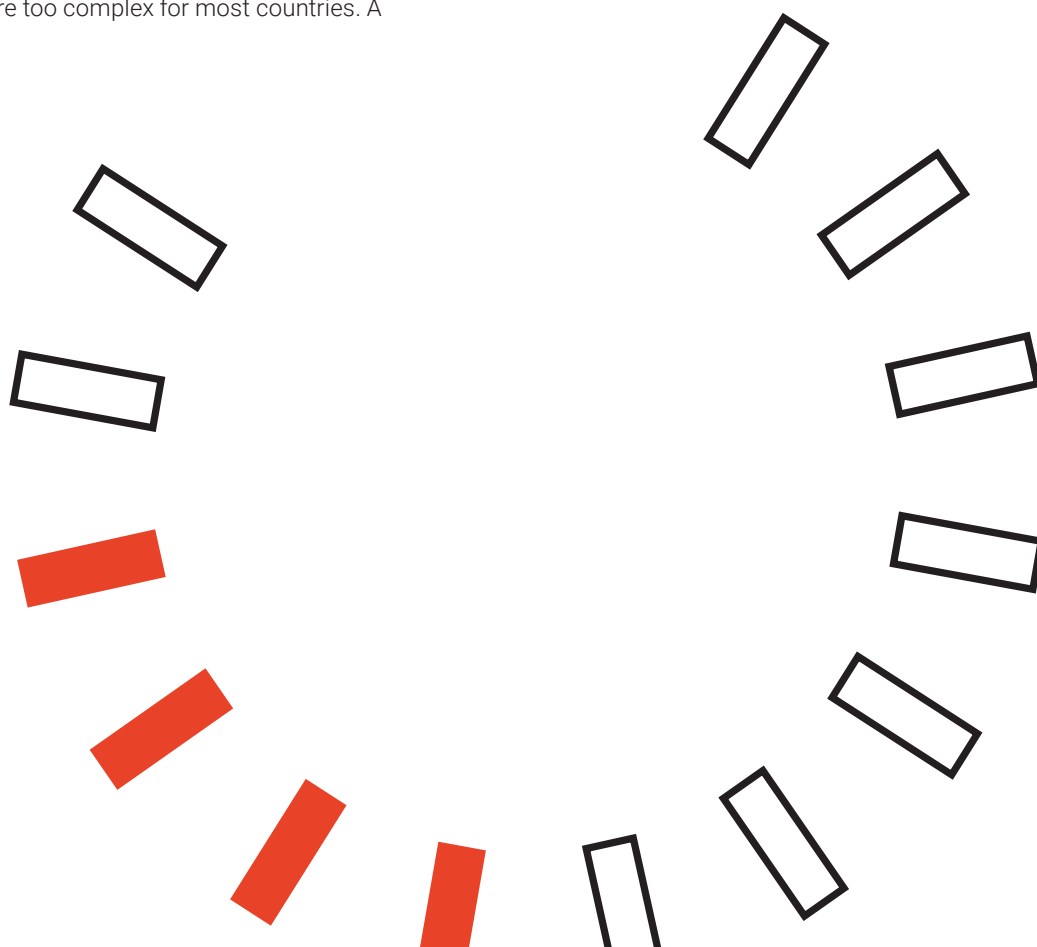
Existing national frameworks that are effective at strengthening benchmarking and accountability exist for some specific NCD topics, such as in tobacco control and other risk factors, where both self-reporting and external assessment of policy change are publicly available and allow a rapid assessment of a country's progress. Learning from this experience, modules on specific NCDs could be inserted into existing national survey mechanisms to support national NCD assessments.

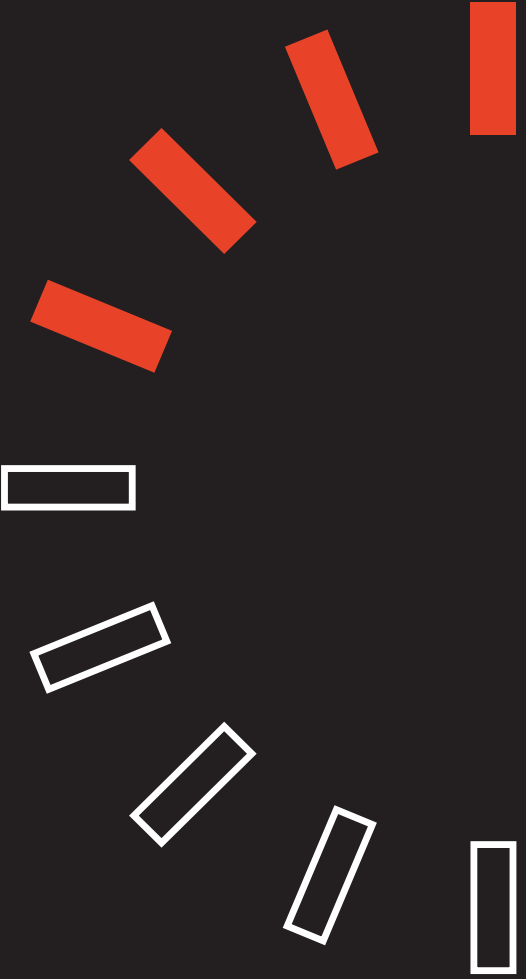
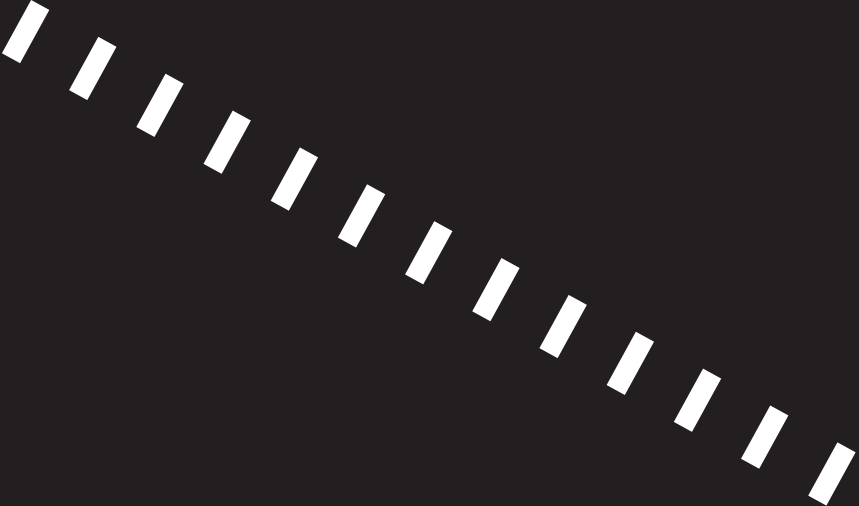
Governments could seek accountability through a human-rights framework and ensure that decision-makers are made accountable for health and the health policy consequences of decisions made in other areas, including in commerce, trade, and finance.

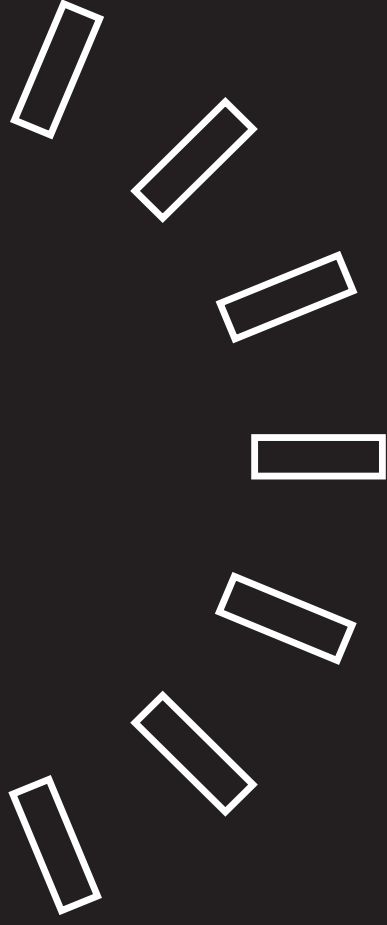
The existing global accountability framework and reporting instruments to the Governing Bodies of WHO, ECOSOC, and the United Nations General Assembly on the progress made since 2011 are too complex for most countries. A

simplified global accountability framework, synchronized with other health-related mechanisms, is essential to monitor overall progress and scale up advocacy to achieve SDG target 3.4.

The Commission recommends the development of a harmonised "Countdown 2030 for NCDs" initiative with a similar aim as the "CD2030: Countdown to 2030 on Maternal, Newborn and Child Survival" initiative. The latter initiative, in its first incarnation as "CD2015: Countdown to 2015", tracked proven interventions to reduce maternal, newborn and child mortality. It established benchmarks for countries to assess their own progress, compare themselves with others, and proposed new ways to achieve the Millennium Development Goals. CD2015 was transformed into CD2030 for the SDG agenda. CD2030 for NCDs could model itself on these previous mechanisms to ensure clear accountability for action against NCDs and mental disorders.







ANNEXES

ANNEX 1

COMMISSIONERS OF THE WHO INDEPENDENT HIGH-LEVEL COMMISSION ON NCDs²⁴

CO-CHAIRS:

Sauli Niinistö

President
Finland

Maithripala Sirisena

President
Sri Lanka

Tabaré Vázquez

President
Uruguay

Veronika Skvortsova

Minister of Healthcare
Russian Federation

Sania Nishtar

Former Federal Minister
Pakistan
Founding President, Heartfile

COMMISSIONERS:

Adolfo Rubinstein

Minister of Health
Argentina

Festus Gontebanye Mogae

Former President
Botswana
Former Co-Chair of the UNSG-
appointed High-level Panel on Access
to Medicine

Pirkko Mattila

Minister of Social Affairs and Health
Finland

Seyyed Hassan

Ghazizadeh Hashemi

Minister of Health and Medical
Education
Iran (Islamic Republic of)

Sicily Kariuki

Cabinet Secretary for Health
Kenya

José Narro Robles

Minister of Health
Mexico

Isaac F. Adewole

Minister of Health
Nigeria

Adboulaye Diouf Sarr

Minister of Health and Social Care
Senegal

Gan Kim Yong

Minister for Health
Singapore

Saia Ma'u Piukala

Minister of Health
Tonga

Abdul Rahman Bin

Mohammed Al Owais

Minister of Health and Prevention
United Arab Emirates

Eric Hargan,

Deputy Secretary of Health and
Human Services
United States of America

Sir George Alleyne

Director Emeritus PAHO (1995-2003)
Former UNSG's Special Envoy for
HIV/AIDS in the Caribbean

Ala Alwan

Regional Director Emeritus WHO/
EMRO
Former WHO Assistant Director-
General for NCDs and Mental Health

Arnaud Bernaert

Head, Global Health and Healthcare
World Economic Forum

Michael Bloomberg

Founder, Bloomberg Philanthropies
WHO Global Ambassador for NCDs
and Injuries

Katie Dain

CEO, NCD Alliance
Co-Chair, WHO Civil Society Working
Group for the third High-level Meeting
on NCDs

Tom Frieden

President and CEO, Resolve, Vital
Strategies
Former Director US/CDC

Vikram Harshad Patel

Professor of Global Health and Social
Medicine
Psychiatrist
Harvard Medical School

Annette Kennedy

President
International Council of Nurses

Ilona Kickbusch

Director, Global Health Institute
Graduate Institute

²⁴ See also <http://www.who.int/ncds/governance/high-level-commission/en/>

ANNEX 2

WHO BEST BUYS FOR THE PREVENTION AND CONTROL OF NCDS^{25,26}

REDUCE TOBACCO USE

- 1 Increase excise taxes and prices on tobacco products
- 2 Implement plain/standardized packaging and/or large graphic health warnings on all tobacco packages²⁷
- 3 Enact and enforce comprehensive bans on tobacco advertising, promotion and sponsorship²⁸
- 4 Eliminate exposure to second-hand tobacco smoke in all indoor workplaces, public places, public transport²⁹
- 5 Implement effective mass media campaigns that educate the public about the harms of smoking/tobacco use and second hand smoke³⁰

REDUCE THE HARMFUL USE OF ALCOHOL

- 6 Increase excise taxes on alcoholic beverages³¹
- 7 Enact and enforce bans or comprehensive restrictions on exposure to alcohol advertising (across multiple types of media)³²
- 8 Enact and enforce restrictions on the physical availability of retailed alcohol (via reduced hours of sale)³³

REDUCE UNHEALTHY DIET

- 9 Reduce salt intake through the reformulation of food products to contain less salt and the setting of target levels for the amount of salt in foods and meals³⁴
- 10 Reduce salt intake through the establishment of a supportive environment in public institutions such as hospitals, schools, workplaces and nursing homes, to enable lower sodium options to be provided
- 11 Reduce salt intake through a behaviour change communication and mass media campaign
- 12 Reduce salt intake through the implementation of front-of-pack labelling³⁵

REDUCE PHYSICAL INACTIVITY

- 13 Implement community wide public education and awareness campaign for physical activity which includes a mass media campaign combined with other community based education, motivational and environmental programmes aimed at supporting behavioural change of physical activity levels

MANAGE CARDIOVASCULAR DISEASE AND DIABETES

- 14 Drug therapy (including glycaemic control for diabetes mellitus and control of hypertension using a total risk approach) and counselling to individuals who have had a heart attack or stroke and to persons with high risk ($\geq 30\%$) or with moderate to high risk ($\geq 20\%$) of a fatal and non-fatal cardiovascular event in the next 10 years

MANAGE CANCER

- 15 Vaccination against human papillomavirus (2 doses) of 9–13 year old girls
- 16 Prevention of cervical cancer by screening women aged 30–49, either through:
 - Visual inspection with acetic acid linked with timely treatment of pre-cancerous lesions
 - Pap smear (cervical cytology) every 3–5 years linked with timely treatment of pre-cancerous lesions
 - Human papillomavirus test every 5 years linked with timely treatment of pre-cancerous lesions

TIME TO DELIVER

²⁵ See <http://apps.who.int/iris/bitstream/handle/10665/259232/WHO-NMH-NVI-17.9-engpdfjsessionid=B4EC0B350648507179248CB99EAEA3AD?sequence=1>

²⁶ 16 “best buys” are those interventions the most cost-effective and feasible for implementation. These are interventions where a WHO Choice analysis found an average cost-effectiveness ratio of \leq I\$ 100 per DALY averted in low- and lower middle-income countries.

²⁷ Requires capacity for implementing and enforcing regulation and legislation

²⁸ Idem

²⁹ Idem

³⁰ Idem

³¹ Requires an effective system for tax administration and should be combined with efforts to prevent tax avoidance and tax evasion

³² Requires capacity for implementing and enforcing regulations and legislation

³³ Formal controls on sale need to be complemented by actions addressing illicit or informally produced alcohol

³⁴ Requires multisectoral actions with relevant ministries and support by civil society

³⁵ Regulatory capacity along with multisectoral action is needed

ANNEX 3

EXISTING GLOBAL ACCOUNTABILITY FRAMEWORK FOR NCDs

The existing global accountability framework for NCDs was developed through separate intergovernmental processes

led by Member States. The result is summarized in Annex 8 of World Health Assembly document A69/10 and includes:

Which reports does WHO prepare?	Which indicators does WHO use?	Where does the data go to?	When does WHO report?	How does WHO collect data for this report?
Progress report on progress towards nine global NCD targets (to be reached by 2025)	25 outcome indicators	World Health Assembly	2016, 2020 and 2025	Various data sources
Report on progress towards implementing the WHO Global NCD Action Plan 2013-2020	9 action plan indicators	World Health Assembly	2016, 2018 and 2021	Various data sources
Report on progress made towards implementing the 2011 United Nations Political Declaration on NCDs and 2014 United Nations Outcome Document on NCDs	10 progress monitor indicators published on 1 May 2015	UN General Assembly	2017	Various data sources
Report on progress made towards SDG target 3.4 on NCDs	2 indicators	UN General Assembly	Yearly	WHO Global Health Estimates
Additional elements (not mentioned in document A69/10)				
Report on progress made in implementing the work plan of the WHO-led UN Inter-Agency Task Force on NCDs	No indicators	UN ECOSOC	Yearly	Meetings of the Task Force
Report on progress made in implementing the work plan of the WHO Global Coordination Mechanism on NCDs	No indicators	World Health Assembly (as a separate Annex to the progress report on the WHO Global NCD Action Plan)	2016, 2018 and 2021	N/A
WHO Implementation Plan of the Report of the Commission on Ending Childhood Obesity (welcomed at the World Health Assembly in May 2017)	TBD	World Health Assembly (as a separate Annex to the progress report on the WHO Global NCD Action Plan)	2018 and 2021	TBD

There is no agreed accountability framework to register and publish the contributions of NGOs, private sector entities, philanthropic foundations and academic institutions. WHO was given an assignment in 2014 by the UN General Assembly to develop such an approach³⁷. While the contours of such an approach have been noted by the World Health Assembly in 2016³⁸ and 2017³⁹, WHO has not yet been able to develop a concrete self-reporting tool, including related indicators, which NGO, private sector entities, philanthropic foundations and academic institutions could use to publish their own contributions on their own websites for independent comparison and assessment.

Progress made in addressing NCDs was reported by WHO to the UN General Assembly in 2010⁴⁰, 2011⁴¹, 2013⁴² and 2017⁴³.

Progress on the number of countries that have fully achieved 0 to 18 progress monitor indicators to the four time-bound commitments for 2015 and 2016 included in the 2014 UN General Assembly's Outcome Document on NCDs was reported to the World Health Assembly in 2016⁴⁴ and 2017⁴⁵. Individual country scores were published by WHO in 2018.

Progress made in the implementation of the WHO Global NCD Action Plan 2013-2020 during the period from May 2013 to March 2016 was reported to the World Health Assembly in 2016⁴⁷.

Progress made in 2015 towards the attainment of the nine voluntary global NCD targets for 2025 were reported to the World Health Assembly in 2016⁴⁸ covering the period 2010 to 2014.

³⁶ See pages 38-40 in http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_10-en.pdf

³⁷ See paragraph 37 of the 2014 UN Outcome Document on NCDs available at <http://www.who.int/nmh/events/2014/a-res-68-300.pdf?ua=1>

³⁸ See Annex 4 of document A69/10 available on page 26 of http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_10-en.pdf

³⁹ See Annex 2 of document A70/27 available on page 25 of http://apps.who.int/gb/ebwha/pdf_files/WHA70/A70_27-en.pdf

⁴⁰ See <https://documents-dds-ny.un.org/doc/UNDOC/GEN/N10/531/44/PDF/N1053144.pdf?OpenElement>

⁴¹ See http://www.un.org/ga/search/view_doc.asp?symbol=A/66/83&Lang=E

⁴² See http://www.who.int/nmh/events/2014/UN-general-assembly/en/http://www.who.int/ncds/governance/high-level-commission/A_72_662.pdf?ua=1

⁴⁴ See figure 1 of document A69/10 on page 6 of http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_10-en.pdf

⁴⁵ See paragraph 6 of document A70/27 on page 2 of http://apps.who.int/gb/ebwha/pdf_files/WHA70/A70_27-en.pdf

⁴⁶ <http://www.who.int/ncds/governance/high-level-commission/why-2018-important-year-for-NCDs.pdf?ua=1>

⁴⁷ See Table in Annex 1 of document A69/10 on page 8 of http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_10-en.pdf

⁴⁸ See Annex 3 of A69/10 on page 22 of http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_10-en.pdf

ANNEX 4

CROSS-WALK BETWEEN THE RECOMMENDATIONS IN THIS REPORT AND THE COMMITMENTS MADE BY GOVERNMENTS IN 2011 AND 2014 AT THE UNITED NATIONS GENERAL ASSEMBLY

Recommendation included in this report (2018)	Commitment made in 2011^a	Commitment made in 2014^b
1.a) Heads of State and Government, not Ministers of Health only, should oversee the process of creating ownership at national level of NCDs and mental health	Heads of State and Government committed to strengthen and integrate NCDs into health-planning processes and the national development agenda of each Member State ^c and to pursue all necessary efforts to strengthen national responses with the full and active participation of people living with these diseases, civil society and the private sector ^d	Governments committed to integrate measures to address NCDs into health planning and national development plans and policies, including the design process and implementation of the United Nations Development Assistance Framework ^e
1.b) Political leaders at all levels, including the subnational level, for example, city mayors, should take responsibility for comprehensive local actions, together with the health sector, that can advance action against NCDs and mental disorders	Not included	Not included
2) Governments should identify and implement a specific set of priorities within the overall NCD and mental health agenda, based on public health needs	Heads of State and Government committed to accelerate implementation of the WHO FCTC ^f , the WHO Global Strategy on Diet, Physical Activity and Health ^g , the WHO Global Strategy to Reduce the Harmful Use of Alcohol ^h , and the WHO set of Recommendations on the Marketing of Foods and Non-alcoholic Beverages to Children ⁱ , and to scale up a package of proven, effective NCD interventions ^j according to country-led prioritization ^k	Governments committed to, by 2015, set national NCD targets ^l and develop national multisectoral action plans ^m , and, by 2016, reduce risk factors ⁿ and reorient health systems ^o , building on the guidance set out in Appendix 3 of the WHO Global NCD Action Plan
3.a) Governments should ensure that the national UHC public benefit package includes NCD and mental health services, including health promotion and prevention and priority health care interventions as well as access to essential medicines and technologies	Heads of State and Government committed to recognize the importance of universal coverage in national health systems, especially through primary health care and social protection mechanisms, to provide access to health services for all, in particular for the poorest segments of the population	Governments committed to, by 2016, to strengthen health systems through people-centered primary health care and UHC throughout the life cycle ^p
3.b) Primary health services should be strengthened to ensure equitable coverage, including essential public health functions, with an adequate and well-equipped multidisciplinary health workforce, especially including community health workers and nurses	Heads of State and Government committed to comprehensive strengthening of health systems that support primary health care ^q and promote the production, training and retention of health workers ^r	No additional commitment included

Recommendation included in this report (2018)	Commitment made in 2011 ^a	Commitment made in 2014 ^b
3.c) Synergies should be identified in existing chronic-care platforms, such as HIV and TB, to jumpstart NCD and mental health services	Heads of State and Government committed to integrate NCDs into national responses to HIV/AIDS ^c , sexual and reproductive health and maternal and child health programmes, especially at the primary health-care level ^d	No additional commitment included
4.a) Governments must take the lead in creating health-protecting environments through robust laws, where and when necessary, and through dialogue, where appropriate, based on the “health is the priority” principle, including clear objectives, transparency, and agreed targets. Dialogue must not, however, replace regulation in cases where regulation is the most or the only effective measure. Any dialogue platform should include transparency and a mechanism for accountability and evaluation, as well as a timeframe	Heads of State and Government committed to advance the implementation of interventions through the implementation of relevant legislative, regulatory and fiscal measures, without prejudice to the right of sovereign nations to determine and establish their taxation policies and other policies	
4.b) Governments should be encouraged to engage constructively with the private sector—with the exception of the tobacco industry and with due attention to the management of commercial and other vested interests, while protecting against any undue influence, to seek ways to strengthen commitments and contributions to achieving public health goals, in accordance with the mandate of the SDGs	Heads of State and Government committed to call upon the private sector to take measures to implement the WHO set of WHO set of Recommendations on the Marketing of Foods and Non-alcoholic Beverages to Children, produce and promote more food products consistent with a healthy diet, reduce the use of salt in the food industry, improve access to affordable NCD medicines and technology ^e , and to initiate the implementation of cost-effective interventions to reduce salt, sugar and saturated fats and eliminate industrially produced trans-fats in food, including through discouraging the production and marketing of foods that contribute to unhealthy diet, while taking into account existing legislation and policies ^f	No additional commitment included
4.c) Taking into account and managing possible commercial and other vested interests, in order to contribute to accelerated progress towards SDG target 3.4, governments should work with: food and non-alcoholic beverage companies in areas such as reformulation, labelling, and regulating marketing; the leisure and sports industries to promote physical activity; the transportation industry to ensure safe, clean, and sustainable mobility; the pharmaceutical industry and vaccine manufacturers to ensure access to affordable, quality-assured essential medicines and vaccines; and with technology companies to harness emerging technologies for NCD action. Governments could also encourage economic operators in the area of alcohol production and trade to consider ways in which they could contribute to reducing the harmful use of alcohol in their core areas, as appropriate, depending on national, religious, and cultural contexts	Heads of State and Government committed to promote the implementation of the WHO Global Strategy to Reduce the Harmful Use of Alcohol, which recognizing the need to develop appropriate domestic action plans, in consultation with relevant stakeholders, for for developing specific policies and programmes, including taking into account the full range of options as identified in the Global Strategy, as well as raise awareness of the problems caused by the harmful use of alcohol, particularly among young people	

Recommendation included in this report (2018)	Commitment made in 2011 ^a	Commitment made in 2014 ^b
4.d) Governments should give priority to restricting the marketing of unhealthy products (those containing excessive amounts of sugars, sodium, saturated fats and trans fats) to children. WHO should explore the possibility of establishing an international code of conduct on this issue, along with an accountability mechanism, while acknowledging the need for partnerships based on alignment of interests	Heads of State and Government committed to promote the implementation of the WHO Set of Recommendations of Foods and Non-Alcoholic Beverages to Children, including foods that are high in saturated fats, trans-fatty acids, free sugars or salt, recognizing that research shows that food advertising geared to children is extensive, that a significant amount of the marketing is for foods with a high content of fat, sugar or salt and that television advertising influences children's food preferences, purchase requests and consumption patterns, while taking into account existing legislation and national policies ^w	No additional commitment included
4.e) Both incentives and disincentives should be considered to encourage healthy lifestyles by promoting the consumption of healthy products and by decreasing the marketing, availability, and consumption of unhealthy products	Not included	Not included
4.f) Governments should ensure the meaningful engagement and participation of civil society and people living with NCDs and mental disorders, including, where appropriate, by strengthening civil society and alliances, particularly in low- and middle-income countries. Governments should work with civil society to raise awareness, increase advocacy, deliver services, and monitor progress. Beyond civil society, multisectoral mechanisms, such as national NCDs commissions and equivalents of the Global Coordination Mechanism, can be employed to ensure wide consultation	Heads of State and Government committed to pursue all necessary efforts to strengthen national NCD responses with the full and active participation of people living with NCDs, civil society and the private sector ^x	Governments committed to take NCD measures with the engagement of all relevant sectors, including civil society and communities ^y
4.g) People with mental health conditions and civil society must be engaged to effectively end discrimination and human rights violations. They should also be involved in the planning of mental health services	Not included	Not included

Recommendation included in this report (2018)	Commitment made in 2011 ^a	Commitment made in 2014 ^b
4.h) Governments should increase the empowerment of individuals to take action by actively promoting health literacy, including in formal education curricula, and targeted information and communication campaigns. This could include convening marketing experts and behavioural economists to develop public health campaigns designed to educate different populations on how best to prevent and mitigate the risk factors and harms of NCDs	Heads of State and Government committed to develop national action plans to promote health education and health literacy, recognizing that a strong focus on health literacy was at an early stage in many countries ^z	Governments committed to continue to develop national action plans to promote health education and health literacy, with a particular focus on populations with low health awareness and/or literacy ^{aa}
4.i) WHO should support governments' efforts to engage with the private sector for the prevention and control of NCDs, including any necessary regulatory action, taking into consideration the rationale, principles, benefits, and risks, as well as the management of conflicts of interest in such engagement	Not included	Not included
5.a.1) National governments should develop and implement a new economic paradigm for actions against NCD, based on evidence that effective measures are investments in human capital and economic growth		
5.a.2) National governments should increase the percentage of national budgets allocated to health, health promotion, and essential public health functions, and within health, to NCDs and mental health	Heads of State and Government committed to increase and prioritize budgetary allocations for addressing NCDs ^{bb} and to explore the provision of resources through domestic, bilateral and multilateral channels ^{cc}	No additional commitment included
5.a.3) National governments should implement fiscal measures, including raising taxes on tobacco and alcohol, and consider evidence-based fiscal measures for other unhealthy products	Advance the implementation of NCD interventions through the implementation of legislative, regulatory and fiscal measures ^{dd}	No additional commitment included
5.a.4) National governments should, with the support of tools developed by WHO, conduct health-impact assessment and, where possible, full-cost accounting, which factors in the true cost to societies of policies that have a bearing on NCDs	Advance the implementation of NCD interventions through the implementation of legislative, regulatory and fiscal measures	No additional commitment included
5.b.1) The international community should increase financing and lending for the prevention and management of NCDs through bilateral and multilateral channels	Not included	Not included
5.b.2) The international community should explore a number of mechanisms to increase financing for NCD action, which could include: the establishment of a Global Solidarity Tobacco and Alcohol Contribution as a voluntary innovative financing mechanism to be used by Member States for the prevention and treatment of NCDs; and consider the establishment of a multi-donor fund, to catalyse financing for the development of national NCDs and mental health responses and policy coherence at country level		

Recommendation included in this report (2018)	Commitment made in 2011 ^a	Commitment made in 2014 ^b
5.b.3) The international community should integrate NCDs into human-capital and human development indices	Not included	Not included
5.b.4) The international community should convene a health forum for investors to support action against NCDs	Not included	Not included
5.c) WHO should prioritize NCDs and mental health. This requires that Member States consider increasing or reallocating their contributions to the Organization so that WHO can meet the demand for country support. Support for addressing NCDs is the leading request from countries, but the Organization's budget has been reduced in the current biennium owing to lack of financing from donors	Heads of State and Government reaffirmed WHO's leadership and coordination role in promoting and monitoring global action against NCDs ^{ff} and called upon WHO to intensify efforts to assist Member States in this regard ^{gg}	No additional commitment included
6.a) Governments should create or strengthen national accountability mechanisms, taking into account the global NCD accountability mechanism and health impact assessments	Not included	Not included
6.b) WHO should simplify the existing NCD accountability mechanism and establish clear tracking and accountability for the highest impact programmes that can lead to achievement of SDG target 3.4, including a harmonised Countdown 2030 for NCDs and mental health	Not included	Not included

^a See resolution A/RES/66/2 available at http://www.who.int/nmh/events/un_ncd_summit2011/political_declaration_en.pdf?ua=1

^b See resolution A/RES/68/300 available at <http://www.who.int/nmh/events/2014/a-res-68-300.pdf?ua=1>

^c Paragraph 45(a) of A/RES/66/2

^d Paragraph 45(i) of A/RES/66/2

^e Paragraph 30(a)(v) of A/RES/68/300

^f Paragraph 43(c) of A/RES/66/2

^g Paragraph 43(d) of A/RES/66/2

^h Paragraph 43(e) of A/RES/66/2

ⁱ Paragraph 43(f) of A/RES/66/2

^j Paragraph 43(l) of A/RES/66/2

^k Paragraph 45(m) of A/RES/66/2

^l Paragraph 30(a)(i) of A/RES/68/300

^m Paragraph 30(a)(ii) of A/RES/68/300

ⁿ Paragraph 30(b) of A/RES/68/300

^o Paragraph 30(c) of A/RES/68/300

^p Paragraph 30(c) of A/RES/68/300

^q Paragraph 45(b) of A/RES/66/2

^r Paragraph 45(j) of A/RES/66/2

^s Paragraph 27 of A/RES/66/2

^t Paragraph 45(o) of A/RES/66/2

^u Paragraph 44 of A/RES/66/2

^v Paragraph 43(g) of A/RES/66/2

^w Paragraph 43(f) of A/RES/66/2

^x Paragraph 45(i) of A/RES/66/2

^y Paragraph 30 of A/RES/68/300

^z Paragraph 43(b) of A/RES/66/2

^{aa} Paragraph 30(a)(iii) of A/RES/68/300

^{bb} Paragraph 45(c) of A/RES/66/2

^{cc} Paragraph 45(d) of A/RES/66/2

^{dd} Paragraph 43 of A/RES/66/2

^{ee} Paragraph 30(a)(vi) of A/RES/68/300

^{ff} Paragraph 13 of A/RES/66/2

^{gg} Paragraph 43(e) of A/RES/66/2



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